

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700290

Entity Name: FIRST PRESBYTERIAN CHURCH OF TALLAHASSEE, INC.

Current Principal Place of Business:

110 NORTH ADAMS STREET
TALLAHASSEE, FL 32301-7718

Current Mailing Address:

110 NORTH ADAMS STREET
TALLAHASSEE, FL 32301-7718

FEI Number: 59-0651083

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, JIM
1733 OLD PLANK ROAD
CRAWFORDVILLE, FL 32327 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title TREASURER
Name DAVIS, JIM
Address 110 N ADAMS
City-State-Zip: TALLAHASSEE FL 32301

Title TRUSTEE
Name WESTALL, ROD
Address 110 NORTH ADAMS STREET
City-State-Zip: TALLAHASSEE FL 32301-7718

Title TRUSTEE
Name MEIER, NORMA
Address 110 NORTH ADAMS STREET
City-State-Zip: TALLAHASSEE FL 32301-7718

Title CHAIRMAN
Name GUTHRIE, JOHN
Address 110 NORTH ADAMS STREET
City-State-Zip: TALLAHASSEE FL 32301-7718

Title SECRETARY
Name HOEKMAN, TIM
Address 110 NORTH ADAMS STREET
City-State-Zip: TALLAHASSEE FL 32301-7718

Title TRUSTEE
Name TOMBERLINE, TIP
Address 110 NORTH ADAMS STREET
City-State-Zip: TALLAHASSEE FL 32301-7718

Title TRUSTEE
Name FIXEL, JOE
Address 110 NORTH ADAMS STREET
City-State-Zip: TALLAHASSEE FL 32301-7718

Title TRUSTEE
Name WEISSERT, CAROL
Address 110 NORTH ADAMS STREET
City-State-Zip: TALLAHASSEE FL 32301-7718

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JIM DAVIS

TREASURER

04/26/2021

Electronic Signature of Signing Officer/Director Detail

Date